

MACT Health Board, Inc. - Tuolumne



Executive Summary

Summarizes the Site, Parking, Facility Size, Staff and Contract Health Dollars necessary for the Service Delivery Plan in 2015. Identifies the Direct Care Services Offered to include highlighting any new services. Identifies the communities and population served for each service. The second page of the Executive Summary documents the priority resource issues as identified through the Master Planning process.

Historical Utilization by Location of Encounter

Documents 3 years of RPMS and contract care workloads provided at the facility predominantly serving the Primary Care Service Area by product line and specialty.

Historical Utilization by Community of Residence

Documents 3 years of RPMS and contract care workloads provided to the user population of the Service Delivery Area by product line and specialty.

Market Assessment

Compares the Historical Workload to the Health System Planning software and to national averages of patient care utilization, projecting future workloads based upon the worst case of these three planning scenarios. Also documents the percentage of care that will require contracting due to acuity and the quantity of care that can potentially be served by the direct care system.

Service Delivery Plan

Recommended service delivery plan by product line based upon projected workload, key characteristics, patient classification and tribal and IHS input.

Resource Allocation

Quantifies the necessary space and key characteristics for the Service Delivery Plan and compares them against existing resources. Also tabulates necessary contract health dollars based on the delivery plan.

© 2005 Page 1 of 28

MACT Health Board, Inc. - Tuolumne

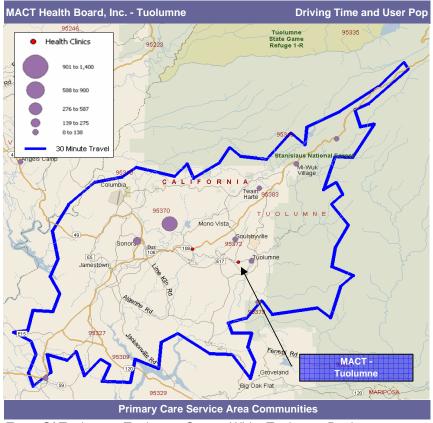


Executive Summary

Report based on interpretation of the Planner's site visit meeting and questionnaire since Planner was unable to facilitate any meeting/communication with site after initial visit.

Dental building owned;

Medical is leased



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Resource Summary							
	Existing	Need	%				
Total Gross Sq Mtrs (GSM)	967	1,367	70.8%				
IHS Supportable GSM	967	1,367	70.8%				
IHS Parking Spaces	0	54	0.0%				
IHS Site (Hectares)	0.0	1.2	0.0%				
Recurring IHS Positions vs RRM	6.2	29.9	20.7%				
IHS Supportable Space Staff	42.0	32.6	128.7%				
Contract HIth \$	226,886	4,626,776	4.9%				

ontract Hith \$		226,886	4,626,776	4.9%
	;			
	Primary C	are, inclu	ding	
	Family I	Practice		
	Dental			
	Mental He	alth		
	Social Ser	vice		
	Alcohol &	Substand	e Abuse	
	Public Hea	alth Nursi	ng	
	Public Hea	alth Nutrit	ion	
	CHR			
	Transporta	ation		
	Orthodont	ics (VP)		
	Optometry	(VP)		

Population Summary									
2003 User Pop	715	Growth Rate 40.4%			2015 U	1,004			
2015 by Age									
0-14	280	15-44	422	45-64	210	92			
Average Age									
Service Area	32.4	Calif	ornia	26.7	U	SA	36.0		
Exp	oanded Se		2015 U	N/A					
Services									
Communities									
Exp	oanded Se	ervice Are	a #2		2015 U	ser Pop	N/A		
Services									
Communities									

Services have NOT been	
confirmed	

New services are identified in red.



Executive Summary

Service Area Description

The Tuolumne Health Center, serving the Primary Care Service Area Communities listed to the left, is located in the city of Tuolumne, California approximately 100 miles SE of Sacramento, 57 miles NE of Modesto, and 76 miles E of Stockton.

As part of the MACT Health Board, it is a hub of primary care for Native Americans living in Tuolumne County. It sends most of its referral workload to Sonora Regional Medical Center & Tuolumne General Hospital. The closest Tertiary Care facility can be found in Modesto. Nursing Home care is provided in Sonora.

As noted in the Service Summary to the left, Tuolumne Health Center plans to operate as a 40 hour per week Health Center with complete primary care services, dental, behavioral health and supporting ancillary services. The Tuolumne Health Center provides most of the Administrative services for the MACT Health Board.

Facility Description

The Tuolumne Facilities total 964 SM and is comprised of 2 buildings. The Medical/Administrative/BH built in 1975 is a leased building with 844 SM. The Dental clinic built in 1990 is approximately 124 SM.

	Services & Resourcing Priorities	Priorities have NOT been confirmed
1	Increase Dental space	
2	Add VP in Optometry	
3	Add Social Service Counselor	
4	Increase Pharmacy space	
5	Increase Health Information Management personnel	
6	Add Clinical Engineering personnel	
7	Increase Property & Supply space	
8	Add Housekeeping & Linen personnel	
9	Add Housekeeping & Linen space	
10	Add Public Health Nursing personnel	
11	Add Public Health Nursing space	
12	Add Public Health Nutrition personnel	
13	Add Public Health Nutrition space	
14	Add Environmental Health personnel	
15	Add Environmental Health space	



Executive Summary

	Services & Resourcing Priorities Continued								
16	Add CHR space								
17	Add Transportation personnel								
18									
19									
20									
21									
22									
23									
24									
25									

	Campus Infrastructure Priorities								
1	Small office space	7	Lack of sprinkler system						
2	Small reception/waiting room area	8	Americans with Disability Act deficiencies						
3	Poor layout - maze like	9	Sidewalk is raised - causes people to trip						
4	Roof leaks	10	Sewer backs-up						
5	Inadequate parking	11	Exits not up to code						
6	Interior corridors too narrow - Life Safety Code deficiencies	12							

	Functional Deficiencies								
1	Small offices	7	Dental - Small receptionist area						
2	Small reception room	8	Dental - Lack of meeting room						
3	Small office space	9	Dental - Break room to small						
4	Poor layout - maze like	10	Dental - Lack of storage						
5	Roof leaks	11							
6	Dental - Small office	12							



Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care			Contract Health Care					
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
		Provider \	Visits Only			Р	rovider Visits	Only	
Primary Care									
Family Practice	2,300	2,247	2,349	2,299	0	0	0	0	0.0%
Internal Medicine	0	0	0	0				0	0%
Pediatric	0	6	0	2	0	0	0	0	0.0%
Ob/Gyn	0	5	0	2	0	0	0	0	0.0%
Emergency Care									
Emergency/Urgent	0	0	0	0				0	0%
ER/Non-urgent	0	0	0	0				0	0%
Specialty Care									
Orthopedics	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Cardiology	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0				0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Allergy				0				0	0%
Pulmonology		_	_	^		_	_	^	00/
Gerontology									
Gastroenterology	N	o Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.
Rheumatology		o i iovido	. oodoo		e eyete		00 1,700	о. Ороск	
Oncology									
Pediatric-Genetics				0				0	0%
Traditional Healing	0	0	0	0				0	0%
Totals	2,300	2,258	2,349	2,302	0	0	0		0%
Direct & Tribal Care + Contract Care	2,300	2,258	2,349	2,302					

^{*} Provider Visits - Document visits to a Physician, Nurse Practitioner, Midwife, and or Physician Assistant.

Other Ambulatory Care Services

Dental Service Minutes	14,040	14,160	26,480	18,227				0	0.0%
Optometry Visits	0	0	0	0	0	0	0	0	0%
Podiatry Visits	0	0	0	0	0	0	0	0	0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral									
Health									
Mental Health Visits	595	542	512	550				0	0.0%
Psychiatry	0	0	0	0	0	0	0	0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse Visits	16	267	244	176				0	0.0%
BH Visit Totals	611	809	756	725	0	0	0	0	0.0%



Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	Direct or Tribal Health Care			Contract Health Care					
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Inpatient Care									
Labor & Delivery Births	0	0	0	0	2	0	0	1	100.0%
Obstetrics Patient Days	0	0	0	0	3	0	0	1	100.0%
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%
Adult Medical Patient Days									
Cardiology	0	0	0	0	0	0	0	0	0%
Endocrinology	0	0	0	0	0	0	0	0	0%
Gastroenterology	0	0	0	0	0	0	0	0	0%
General Medicine	0	0	0	0	0	0	0	0	0%
Hematology	0	0	0	0	0	0	0	0	0%
Nephrology	0	0	0	0	0	0	0	0	0%
Neurology	0	0	0	0	0	0	0	0	0%
Oncology	0	0	0	0	0	0	0	0	0%
Pulmonary	0	0	0	0	0	0	0	0	0%
Rheumatology	0	0	0	0	0	0	0	0	0%
Unknown	0	0	0	0	0	0	0	0	0%
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%
Adult Surgical Patient Days									
Dentistry	0	0	0	0	0	0	0	0	0%
Dermatology	0	0	0	0	0	0	0	0	0%
General Surgery	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Neurosurgery	0	0	0	0	0	0	0	0	0%
Ophthalmology	0	0	0	0	0	0	0	0	0%
Orthopedics	0	0	0	0	0	0	0	0	0%
Otolaryngology	0	0	0	0	0	0	0	0	0%
Thoracic Surgery	0	0	0	0	0	0	0	0	0%
Urology	0	0	0	0	0	0	0	0	0%
Vascular Surgery	0	0	0	0	0	0	0	0	0%
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%
Sub Acute/Transitional Care	0	0	0	0	_	_		0	0%
Inpatient Care Totals	0	0	0	0	3	0	0	1	100.0%
-									1001070
Direct & Tribal + Contract Care	3	0	0	1					
Substance Abuse Non- Acute	e Care								
Adult Residential Treatment	0	0	0	0				0	0%
Adol. Residential Treatment	0	0	0	0				0	0%
SA Transitional Care	0	0	0	0				0	0%
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%
Elder Care									
Skilled Nursing Patients	0	0	0	0				0	0%
Assisted Living Patients	0	0	0	0				0	0%
Hospice Patients	0	0	0	0				0	0%
Nursing Home Totals	0	0	0	0	0	0	0	0	0%
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Historical Workloads by Location of Encounter - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	re	Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services									
Lab Billable Tests	87	96	100	94				0	0.0%
Pharmacy Scripts	18,480	16,032	19,680	18,064				0	0.0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0				0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases	_	_	_	_		_	_	_	
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0 0	0 0	0	0	0	0	0	0	0%
Respiratory	0	0	0 0	0	0 0	0 0	0 0	0 0	0% 0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	U	U	U	0	U	U	U	0 /6
Direct & Tribal + Contract Care	0	0	0	0					
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	Direct or Tribal Health Care				Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care	
		Provider \	isits Only			Р	rovider Visits	Only		
Primary Care										
Family Practice	2,210	2,394	2,458	2,354	0	0	0	0	0.0%	
Internal Medicine	0	0	0	0				0	0%	
Pediatric	0	14	2	5	0	0	0	0	0.0%	
Ob/Gyn	0	4	5	3	0	0	0	0	0.0%	
Emergency Care										
Emergency/Urgent	0	2	0	1				0	0.0%	
ER/Non-urgent	0	0	0	0				0	0%	
Specialty Care										
Orthopedics	0	0	0	0	0	0	0	0	0%	
Ophthalmology	0	0	0	0	0	0	0	0	0%	
Dermatology	0	0	0	0	0	0	0	0	0%	
General Surgery	0	0	0	0	0	0	0	0	0%	
Otolaryngology	0	0	0	0	0	0	0	0	0%	
Cardiology	0	0	0	0	0	0	0	0	0%	
Urology	0	0	0	0				0	0%	
Neurology	0	0	0	0	0	0	0	0	0%	
Nephrology	0	0	0	0	0	0	0	0	0%	
Allergy				0				0	0%	
Pulmonology		_	_	^	_	_	_	^	00/	
Gerontology									_	
Gastroenterology	No	Provide	r Codes	within RP	MS Syste	m for the	se types	of Specia	alist.	
Rheumatology										
Oncology				_	_					
Pediatric-Genetics				0				0	0%	
Traditional Healing	0	0	0	0				0	0%	
Totals	2,210	2,414	2,465	2,363	0	0	0		0%	
Direct & Tribal Care + Contract Care	2,210	2,414	2,465	2,363						

 $^{^{\}star} \ \mathsf{Provider} \ \mathsf{Visits} \ \mathsf{-} \ \mathsf{Document} \ \mathsf{visits} \ \mathsf{to} \ \mathsf{a} \ \mathsf{Physician}, \ \mathsf{Nurse} \ \mathsf{Practitioner}, \ \mathsf{Midwife}, \ \mathsf{and} \ \mathsf{or} \ \mathsf{Physician} \ \mathsf{Assistant}.$

Other Ambulatory Care Services

Dental Service Minutes	14,040	14,160	26,480	18,227				0	0.0%
Optometry Visits	1	0	0	0	0	0	0	0	0.0%
Podiatry Visits	0	1	0	0	0	0	0	0	0.0%
Dialysis Patients	0	0	0	0				0	0%
Audiology Visits	0	0	0	0	0	0	0	0	0%
Outpatient Behavioral									_
Health									
Mental Health Visits	595	542	512	550				0	0.0%
Psychiatry	0	0	0	0	0	0	0	0	0%
Social Services Visits	0	0	0	0				0	0%
Alcohol & Substance Abuse Visits	16	267	244	176				0	0.0%
BH Visit Totals	611	809	756	725	0	0	0	0	0.0%

MACT Health Board, Inc. - Tuolumne



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

		Direct or Trib	al Health Ca	are	Contract Health Care						
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care		
Inpatient Care											
Labor & Delivery Births	0	0	0	0	0	0	0	0	0%		
Obstetrics Patient Days	0	0	0	0	0	0	0	0	0%		
Neonatology Patient Days	0	0	0	0	0	0	0	0	0%		
Pediatric Patient Days	0	0	0	0	0	0	0	0	0%		
Adult Medical Patient Days											
Cardiology	0	0	0	0	0	0	0	0	0%		
Endocrinology	0	0	0	0	0	0	0	0	0%		
Gastroenterology	0	0	0	0	0	0	0	0	0%		
General Medicine	0	0	0	0	0	0	0	0	0%		
Hematology	0	0	0	0	0	0	0	0	0%		
Nephrology	0	0	0	0	0	0	0	0	0%		
Neurology	0	0	0	0	0	0	0	0	0%		
Oncology	0	0	0	0	0	0	0	0	0%		
Pulmonary	0	0	0	0	0	0	0	0	0%		
Rheumatology	0	0	0	0	0	0	0	0	0%		
Unknown	0	0	0	0	0	0	0	0	0%		
Medical Patient Day Total	0	0	0	0	0	0	0	0	0%		
Adult Surgical Patient Days	•	0	•	0	0	•	•	0	00/		
Dentistry	0	0	0	0	0	0	0	0	0%		
Dermatology	0	0	0	0	0	0	0	0	0%		
General Surgery	0	0	0	0	0	0	0	0	0%		
Gynecology	0	0	0	0	0	0	0	0	0%		
Neurosurgery	0	0	0	0	0	0	0	0	0%		
Ophthalmology	0	0	0	0	0	0	0	0	0%		
Orthopedics	0	0	0	0	0	0	0	0	0%		
Otolaryngology	0	0	0	0	0	0	0	0	0%		
Thoracic Surgery	0	0	0	0	0	0	0	0	0%		
Urology	0	0	0	0	0	0	0	0	0%		
Vascular Surgery	0	0	0	0	0	0	0	0	0%		
Surgical Patient Day Total	0	0	0	0	0	0	0	0	0%		
Psychiatry Patient Days	0	0	0	0	0	0	0	0	0%		
Medical Detox Patient Days	0	0	0	0	0	0	0	0	0%		
Sub Acute/Transitional Care	0	0	0	0	0	•		0	0%		
Inpatient Care Totals	0	0	0	0	0	0	0	0	0%		
Direct & Tribal + Contract Care	0	0	0	0							
Substance Abuse Non- Acute	Care										
Adult Residential Treatment	0	0	0	0				0	0%		
Adol. Residential Treatment	0	0	0	0				0	0%		
SA Transitional Care	0	0	0	0				0	0%		
Substance Abuse Totals	0	0	0	0	0	0	0	0	0%		
Elder Care											
Skilled Nursing Patients	0	0	0	0				0	0%		
Assisted Living Patients	0	0	0	0				0	0%		
Hospice Patients	0	0	0	0				0	0%		
Nursing Home Totals	0	0	0	0	0	0	0	0	0%		
			-								



Historical Workloads by Community of Residence - Native American

Historical Workloads according to RPMS, Contract Health and Questionnaire data.

	D	irect or Trib	al Health Ca	re	Contract Health Care				
Discipline	2002	2003	2004	Average	2002	2003	2004	Average	% Contract Care
Ancillary Services									
Lab Billable Tests	87	96	100	94				0	0.0%
Pharmacy Scripts	18,480	16,032	19,680	18,064				0	0.0%
Acute Dialysis Procedures	0	0	0	0				0	0%
Radiographic Exams	0	0	0	0	0	0	0	0	0%
Ultrasound Exams	0	0	0	0				0	0%
Mammography Exams	0	0	0	0				0	0%
Fluoroscopy Exams	0	0	0	0				0	0%
CT Exams	0	0	0	0				0	0%
MRI Exams	0	0	0	0				0	0%
Nuclear Medicine Exams	0	0	0	0				0	0%
Rad. Oncology Treatments	0	0	0	0				0	0%
Chemotherapy Treatments	0	0	0	0				0	0%
Physical Therapy Visits	0	0	0	0				0	0%
Occupational Therapy Visits	0	0	0	0				0	0%
Speech Therapy Visits	0	0	0	0				0	0%
Respiratory Therapy	0	0	0	0				0	0%
Cardiac Catheterization	0	0	0	0				0	0%
Home Health Care Patients	0	0	0	0				0	0%
Minor Procedure Cases									
Endoscopy	0	0	0	0	0	0	0	0	0%
Outpatient Surgery Cases									
Cardiovascular	0	0	0	0	0	0	0	0	0%
Digestive	0	0	0	0	0	0	0	0	0%
Endocrine	0	0	0	0	0	0	0	0	0%
ENT	0	0	0	0	0	0	0	0	0%
Gynecology	0	0	0	0	0	0	0	0	0%
Hemic and Lymphatic	0	0	0	0	0	0	0	0	0%
Integument	0	0	0	0	0	0	0	0	0%
Musculoskeletal	0	0	0	0	0	0	0	0	0%
Nervous	0	0	0	0	0	0	0	0	0%
Ocular	0	0	0	0	0	0	0	0	0%
Respiratory	0	0	0	0	0	0	0	0	0%
Urogenital	0	0	0	0	0	0	0	0	0%
OP Surgical Case Total	0	0	0	0	0	0	0	0	0%
Inpatient Surgery Cases	0	0	0	0	0	0	0	0	0%
Surgical Case Total	0	0	0	0	0	0	0	0	0%
Direct & Tribal + Contract Care	0	0	0	0					
EMS - Pre-Hospital Resp.	0	0	0	0				0	0%
EMS - Inter Hospital Resp	0	0	0	0				0	0%



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year		2003			2015		2015 P	lanning Assu	umption
HSP User Pop PSA		715			1,004				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
Deline	Pro	vider Visits On	nly	Pro	ovider Visits Or	nly	Р	rovider Visits Or	nly
Primary care	0.054	705		0.005	4.404		0.007	0.007	0
Family Practice	2,354	785		3,305	1,101	Cell = Sub-Total	2,627	2,627	0
Internal Medicine Pediatric	0 5	313 372		0 7	439 525	less PC	439 525	439 525	0 0
Ob/Gyn	3	274		4	383	Specialties	383	383	0
Urgent Care Clinic	0	214		0	303		0	0	0
Primary Care Sub-Tot.	2,362	1,743	2,835	3,317	2,447	3,974	3,974	3,974	0
Emergency Care		, - <u>-</u>	,		,	- , -		- , -	
Emergency/Urgent	1	161		1	225	Cell = Sub-Total	225	225	0
ER/Non-urgent		107			150	less E/U	→ 221	221	0
Emerg. Care Sub-Tot.	1	268	320	1	376	447	447	447	0
Specialty Care									
Orthopedics	0	134		0	189		189	189	0
Ophthalmology	0	105		0	147		147	147	0
Dermatology	0	105		0	147		147	147	0
General Surgery	0	105		0	147		147	147	0
Otolaryngology	0	62		0	88		88	88	0
Cardiology	0	35		0	49		49	49	0
Urology	0	38		0	53		53	53	0
Neurology	0	29		0	40		40	40	0
Other Specialties	_	232		0	326		236	236	0
Nephrology	0	Unknown		0	Unknown		0	0	0
Allergy	0	22 9		0	31 13		31	31	0 0
Pulmonology Gerontology	0	Unknown		0 0	Unknown		13 0	13 0	0
Gastroenterology	0	18		0	26		26	26	0
Rheumatology	0	Unknown		0	Unknown		0	0	0
Oncology	0	14		0	19		19	19	0
Pediatric-Genetics	0	Unknown		0	Unknown		0	0	0
Traditional Healing	0	Unknown		0	Unknown		0	0	0
Specialty Care Sub-Tot.	0	910	132	0	1,275	188	1,186	1,186	0
Total Provider Visits By PSA Residents	2,363	2,920	3,287	3,318	4,098	4,608	5,606	5,606	0
Provider Visits	Unmet need if (-)	-u·//	Over Utilization	on if (+)					
Total Provider Patient Utilization Rate	3.30	4.08	4.60	The rate is the User Po		y dividing the	Total Provide	er Visits from th	e PSA by
Other Ambulatory Care Services									
Dental Service Minutes	18,227	64,736	67,925	25,594	90,887	95,380	95,380	95,380	0
Optometry Visits	0	Unknown	237	0	Unknown	334	334	334	0
Podiatry Visits	0	163		0	228		228	228	0
Dialysis Patients	0	Unknown	07	0	Unknown	101	160	0 160	0 0
Audiology Visits		120	87	0	169	121	169	169	U
Outpatient Behavioral Health		I Intro com	100	770	I Introduce	160	770	770	^
Mental Health Visits Psychiatry	550	Unknown 72	120	772	Unknown 101	169	772 101	772 101	0
Social Services Visits	0	72 Unknown		0 0	Unknown		0	101 0	0 0
Alcohol & Substance Abuse	176	Unknown		247	Unknown		247	247	0
BH Visits Totals	725	72	120	1,019	101	169	1,120	1,120	0
7.0.0 . 7.00	. = 0			.,5.0	. • .	. 30	.,5	.,	



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

sources.									
Year		2003			2015		2015 Planning Assumption		
HSP User Pop PSA		715			1,004				
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care
	Prov	ider Visits O	nly	Pro	vider Visits On	ly	P	rovider Visits Or	nly
Inpatient Care	0	4.4	4.4	-	00	45	00	40	
Labor & Delivery Births	0	14	11	0	20	15	20	16	4
Obstetrics Patient Days	0 0	26 38	23	0 0	37 54	33	37 54	30 33	7 21
Neonatology Patient Days Pediatric Patient Days	0	36 19	N/A	0	27	N/A	27	33 17	10
Adult Medical Patient Days	U	19	IN/A	U	21	IN/A	21	17	10
Cardiology	0	25		0	35		35	32	11
Endocrinology	0	4		0	6		6	7	0
Gastroenterology	0	15		0	20		20	25	0
General Medicine	0	18		0	25		25	28	3
Hematology	0	2		0	3		3	2	2
Nephrology	0	4		0	6		6	6	1
Neurology	0	10		0	14		14	15	2
Oncology	0	6		0	9		9	3	7
Pulmonary	0	24		0	34		34	35	7
Rheumatology	0	1		0	1		1	1	0
Unknown	0	1		0	2		2	2	0
Medical Patient Day Total	0	111	135	0	155	190	190	157	33
Adult Surgical Patient Days									
Dentistry	0	0		0	0		0	0	0
Dermatology	0	1		0	1		1	1	0
General Surgery	0	31		0	43		43	29	14
Gynecology	0	7		0	9		9	8	1
Neurosurgery	0	7		0	10		10	3	7
Ophthalmology	0	0		0	0		0	0	0
Orthopedics	0	20		0	28		28	23	4
Otolaryngology	0 0	6 12		0	9 17		9 17	1	8 17
Thoracic Surgery Urology	0	4		0	6		6	3	3
Vascular Surgery	0	8		0	11		11	5	7
Surgical Patient Day Total	0	97	85	0	135	118	135	74	61
Psychiatry Patient Days	0	16	11	0	22	15	22	6	16
						10			
Medical Detox Patient Days	0	3		0	4		4	2	1
Sub Acute/Transitional Care	0	66		0	93		93	93	0
Inpatient Care Totals	0	375	253	0	527	356	561	412	149
Inpatient Patient Days	Unmet need if (-)	-375	Over Utilization	on if (+)					
Substance Abuse Non-Acute	Care								
Adult Residential Treatment	0	127		0	177		177	177	0
Adol. Residential Treatment	0	31		0	43		43	43	0
SA Transitional Care	0	5		0	7		7	7	0
Substance Abuse Total	0		0	0	007	0	007	007	0
	0	162	0	0	227	0	227	227	0
Elder Care								_	^
Skilled Nursing Patients	0	1		0	2		2	2	0
Assisted Living Patients	0	2		0	2		2	2	0
Hospice Patients	0	0	0	0	0	0	0	0	0
Nursing Home Total	0	3	0	0	5	0	5	5	0

MACT Health Board, Inc. - Tuolumne



Market Assessment - Native American

Historical vs. Market Potential - In accordance to the population, compares the Historical Workload to the US State or National Average (USNA) and IHS Health System Planning (HSP) Software. USNA are taken from a number of sources see Patient Utilization Table for sources.

Year	2003				2015			2015 Planning Assumption		
HSP User Pop PSA		715			1,004					
Discipline	3 Year History	USNA	HSP	3 Year History	USNA	HSP	Total	Direct Care	Contract Care	
	Pro	ovider Visits On	ly	Pro	ovider Visits On	ly	P	rovider Visits O	nly	
Ancillary Services										
Laboratory Services										
Clinical Lab Billable Tests		3,112	2,548		4,366	3,569	4,366	3,916	250	
Microbiology Billable Tests		431	596		604	836	836	479	319	
Blood Bank Billable Tests		79	49		111	69	111	104	2	
Anatomical Pathology		6	15		9	21	21	13	7	
Lab Billable Tests	94	3,628	3,207	132	5,090	4,495	5,090	4,511	578	
Pharmacy Scripts	18,064	7,301		25,365	10,246		25,365	25,365	0	
Acute Dialysis Procedures	0	2		0	3		3	3	0	
Radiographic Exams	0	256	292	0	360	408	408	408	0	
Ultrasound Exams	0	50	41	0	70	58	70	70	0	
Mammography Exams	0	117	93	0	164	131	164	164	0	
Fluoroscopy Exams	0	13	20	0	18	28	28	28	0	
CT Exams	0	20	7	0	28	10	28	28	0	
MRI Exams	0	13		0	18		18	18	0	
Nuclear Medicine Exams	0	31		0	44		44	44	0	
Rad. Oncology Treatments	0	Unknown		0	Unknown		0	0	0	
Chemotherapy Treatments	0	Unknown		0	Unknown		0	0	0	
Rehabilitation Services										
Physical Therapy Visits	0	Unknown		0	Unknown		0	348	0	
Occupational Therapy Visits	0	Unknown		0	Unknown		0	99	0	
Speech Therapy Visits	0	Unknown		0	Unknown		0	50	0	
Rehab Total Visits	0	-	354	0	-	497	497	497	0	
Respiratory Therapy		Unknown	3,253	0	Unknown	4,554	4,554	4,554	0	
Workload Minutes	0	Officiowif	5,255	U	Officiowii	4,554	7,557	4,004	U	
Cardiac Catheterization	0	3		0	8		8	8	0	
Home Health Care Patients	0	5		0	8		8	8	0	
Minor Procedure Cases										
Endoscopy	0	13		0	19		19	19	0	
Outpatient Surgery Cases										
Cardiovascular	0	1		0	1		1	1	0	
Digestive	0	13		0	19		19	19	0	
Endocrine	0	0		0	0		0	0	0	
ENT	0	5		0	7		7	7	0	
Gynecology	0	4		0	6		6	6	0	
Hemic and Lymphatic	0	0		0	0		0	0	0	
Integument	0	5		0	7		7	7	0	
Musculoskeletal	0	8		0	11		11	11	0	
Nervous	0	2		0	3		3	3	0	
Ocular	0	6		0	8		8	8	0	
Respiratory	0	1		0	1		1	1	0	
Urogenital	0	3		0	5		5	5	0	
OP Surgical Case Total	0	48	18	0	68	29	68	68	0	
Inpatient Surgery Cases	0	20	15	0	28	23	28	17	11	
Surgical Case Total	0	68	33	0	95	53	95	85	11	
EMS Responses	0	94		0	132		132	132	0	
LIVIO INCOPOLIDES	U	J-1		U	102		104	102	9	





Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	A Direct + ESA Direct Key Characteristics # Req'd				PSA			s due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks

Primary Care (Provider Visits)

0.0%

Primary Care Clinic examines, diagnoses, and treats ambulatory patients giving continuity and coordination to their total healthcare including referral to other health professionals and admissions to inpatient services while retaining primary responsibility for care of these patients, as appropriate. Primary Care Clinic assesses, provides, and evaluates the care of patients with healthcare problems including history and physical, assessment and treatment of common minor illnesses, maintenance care of patients with chronic diseases, and health counseling and teaching.

Family Practice	2,627	2,627	Providers	1.1	3,974 SA
Internal Medicine	439	439	Providers	0.1	rolled up in F
Pediatric	525	525	Providers	0.1	rolled up in F
Ob/Gyn	383	383	Providers	0.1	rolled up in F
Urgent Care Clinic	0	0	Providers	0.0	0
Primary Care Total	3,974	3,974	Providers	0.9	3,974

Emergency Care

The Emergency Medical Clinic provides emergency care, diagnostic services, treatment, surgical procedures, and proper medical disposition of an emergency nature to patients who present themselves to the service. It refers patients to specialty clinics and admits patients as needed; provides clinical consultation services and professional training of assigned personnel; supports mass casualty and fire drills; and prepares reports.

Emergency/Urgent	225	225	Patient Spaces	0.1	225
ER/Non-urgent	221	221	Providers	0.0	221
Emergency Care Total	447	447	Patient Spaces	0.2	447

Specialty Care

Crossover %

0.0%

Specialty Care examines, diagnoses, and treats diseases and injuries requiring specialized capabilities diagnosis and procedures beyond the Primary Care team. The service is typically provided by visiting providers who have established clinic hours for consistent referral patterns

The service is typically	provided by v	isiting provi	dera who have established clime he	dia for consistent referral patterns.
Orthopedics	189	189	Providers 0.1	189
Ophthalmology	147	147	Providers 0.0	147
Dermatology	147	147	Providers 0.0	147
General Surgery	147	147	Providers 0.1	147
Otolaryngology	88	88	Providers 0.0	88
Cardiology	49	49	Providers 0.0	49
Urology	53	53	Providers 0.0	53
Neurology	40	40	Providers 0.0	40
Subspecialties	236	236	Providers 0.1	236
Nephrology	0	0	Providers 0.0	0
Allergy	31	31	Providers 0.0	31
Pulmonology	13	13	Providers 0.0	13
Gerontology	Unknown	0	Providers Unknown	X
Gastroenterology	26	26	Providers 0.0	26
Rheumatology	Unknown	0	Providers Unknown	X
Oncology	19	19	Providers 0.0	19
Pediatric-Specialist	Unknown	0	Providers Unknown	X
Traditional Healing	0	0	Providers 0.0	
Specialty Care Sub- Total	1,186	1,186		1,186

The California Area Health Services Master Plan MACT Health Board, Inc. - Tuolumne



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Other Ambulatory Care										
Crossover % - Dental	22.0%		Crossover % - Optometry	0.0%						
Dental Service	116,364	116,364	Dentists	1.9	116,364					SA
	,	,	Visiting Specialist		,	0.1				Orthodont
Dental Clinic provides	assistance in	achieving a	nd maintaining the high	nest level of	oral health p		mphasizes	the preventior		
Optometry Visits	334	334	Optometrist	0.2		334	334	<u> </u>		.2 VP SA
			s, and adnexa includin	g refraction	and other pro		ibes lenses	to correct refi	ractive error	
rision; and refers patie	nts to physici	ans for diag	nosis and treatment of	suspected of	disease.	.,				
Podiatry Visits	228	228	Podiatrists	0.1	-		228			
	gnoses, and	treats patier	nts with disorders, disea	ases, and in	juries to the f	oot or adjunctive	tissue; pro	vides follow-u	p care for se	elected pos
perative ambulatory p	atients; provi	des a comp	rehensive plan of care	for patients,	including mo	nitoring and ma	intaining the	eir state of hea	alth, counse	ling and
			revention of disease; a							
of assigned personnel,	preparation a	and submiss	sion of reports, and ma	intenance of	f medical reco	ords.				
Dialysis Patients	0	0	Dialysis Stations	0.0			0			
		•	blood through use of a her specialized support Audiologists		•		•		•	
			udiologic support for pa	-	e determinati	ion of etiology n		nd magnitude	of hearing l	nee and
asic and advanced cli	inical testing; r mold fittings	pediatric ev	sts in the evaluation of aluations; neonatal hea evaluations, dispensing	aring testing	as part of the	e early hearing lo	oss identific	ation program	; hearing aid	d evaluation
Behavioral Health										
services, patient care, outpatient) referred to a child abuse or attempte onformation and referra	information, r the Social Wo ed suicide). I I, and discha	eferral, and ork Clinic, wi t provides a rge planning	logical, psychosocial, s follow-up services to fa hich includes self-refen comprehensive plan o g; provides clinical and personnel; prepares an	acilitate med red patients f service to p consultative	lical diagnosis and those se patients and t services to p	s, care, treatmer en automatically heir families incl patients and fami	nt; and prop on the bas luding coun- ilies, social	er disposition is of diagnosis seling and gui service delive	of patients (s (for examp dance, thera	inpatient an le, suspecte apy,
Mental Health	772	772	Counselors	1.1	1.1					SA
Psychiatry Provider	101	101	Providers	0.1	-	0.1	101			
Social Service	0	0	Counselors	0.5	0.5					SA
Alcohol & Substance Abuse	247	247	Counselors	0.0	0.0					Overrio
Behavioral Health Totals	1,120	1,120	Counselors	1.6	1.6		101			

inpatient Care									
Labor & Delivery	16	16	LDRs	0.3	0		16		
Obstetrics Patient	30	30	# of Beds	0.6	0	•	30		
Days	30	30	# OI Deas	0.6	U		30		
Obstetrics provides for	specialized of	are. treatme	ent. and consultative eva	aluation to e	ligible inpat	ients: provides a	ntepartum, o	lelivery, and postpartum care to	

maternity patients; and has responsibility for the operation and maintenance of the labor and delivery suite. The labor and delivery suite provides labor and delivery care by specially trained personnel to eligible patients, including prenatal care during labor, assistance during delivery, post-natal care, and minor gynecological surgery, if it is performed in the suite. Additional activities may include preparing sterile set-ups for deliveries; preparing patients for transportation to the delivery suite and the post-anesthesia.

Neonatology	22	33	# of Bassinets	0.6	0	22
Patient Davs	33	33	# 01 Dassifiets	0.6	U	აა

The Newborn Nursery provides specialized inpatient care, treatment, and consultative evaluation of newborn infants; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of the newborn, including those born prematurely; and provides for, or otherwise ensures, appropriate diagnostic evaluation and care of all inpatient in the neonatal age group; prepares medical records; and submits required reports.

The California Area Health Services Master Plan MACT Health Board, Inc. - Tuolumne



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd	PSA			Referrals due to Threshold		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Pediatric Patient Days	17	17	# of Beds	0.4	0		17			

Pediatric Care provides specialized inpatient care, treatment, and consultative evaluation of infants, children, and adolescents; maintains close liaison with the other professional services; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of eligible patients; prepares medical records; and submits required reports.

Adult Medical Acute Care

Medical Care provides inpatient care and consultative evaluation in the medical specialties and subspecialties described in this section; coordinates healthcare delivery relative to the examination, diagnosis, treatment and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the medical care function will vary according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and

Cardiology	32	32	# of Beds 0.3	0	32	
Endocrinology	7	7	# of Beds 0.1	0	7	
Gastroenterology	25	25	# of Beds 0.2	0	25	
General Medicine	28	28	# of Beds 0.2	0	28	
Hematology	2	2	# of Beds 0.0	0	2	
Nephrology	6	6	# of Beds 0.1	0	6	
Neurology	15	15	# of Beds 0.1	0	15	
Oncology	3	3	# of Beds 0.0	0	3	
Pulmonary	35	35	# of Beds 0.3	0	35	
Rheumatology	1	1	# of Beds 0.0	0	1	
Unknown	2	2	# of Beds 0.0	0	2	
Medical Patient Day Total	157	157	1.4	0	157	
	_					

Adult Surgical Acute Care

Surgical Care provides inpatient care and consultative evaluation in the surgical specialties and subspecialties described in this subsection; coordinates healthcare delivery relative to the examination, treatment, diagnosis, and proper disposition of eligible patients, appropriate to the specialty or subspecialty; prepares medical records; and submits required reports. The organization of the surgical care function varies according to patient load, staffing, and facilities. When subspecialty services are established, they shall provide the related specialized techniques and practices using all the available modern diagnostic procedures, studies, and

Dentistry	0	0	# of Beds 0.0	0	0	
Dermatology	1	1	# of Beds 0.0	0	1	
General Surgery	29	29	# of Beds 0.3	0	29	
Gynecology	8	8	# of Beds 0.1	0	8	
Neurosurgery	3	3	# of Beds 0.0	0	3	
Ophthalmology	0	0	# of Beds 0.0	0	0	
Orthopedics	23	23	# of Beds 0.3	0	23	
Otolaryngology	1	1	# of Beds 0.0	0	1	
Thoracic Surgery	1	1	# of Beds 0.0	0	1	
Urology	3	3	# of Beds 0.0	0	3	
Vascular Surgery	5	5	# of Beds 0.1	0	5	
Surgical Patient	74	74	# of Beds 0.9	0	74	
Day Total	74	74	# 01 Beds 0.9	U	74	
Intensive Care	42	42	# of beds 0.2	0	42	

Intensive Care Units (ICUs) provide treatment for patients who require intensified, comprehensive observation and care because of shock, trauma, or other lifethreatening conditions. They are staffed with specially trained personnel and contain monitoring equipment and other specialized support equipment for treating.

Psvchiatrv	6	6	# of Beds 0	0	Ω	1 6

Psychiatric Care provides specialized care and consultative evaluation for eligible inpatients; coordinates healthcare delivery relative to the examination, diagnosis, treatment, and proper disposition of patients with psychotic, neurotic, or other mental disorders; maintains protective custody of patients with psychiatric disorders when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; provides short-term treatment to patients psychologically or physically dependent upon alcohol or drugs; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports.



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

			Projected Need		Delivery Options						
	PSA Direct	+ ESA Direct	Key Characteristics		PSA		Referrals due to Threshold				
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks	
Medical Detox	2	2	# of Beds	0.0	0		2				
when required to prevent injury to themselves or to others; establishes therapeutic regimens; conducts individual or group therapy sessions; maintains custody of sensitive or medically privileged records and correspondence that evolve during treatment of patients; prepares medical records; and submits required reports. Sub Acute / 93 93 # of Beds 0.3 0 93											
Sub Acute /						atients; prepares		ords; and sul	bmits require	ed reports.	
Sub Acute / Fransitional Care Fransitional Care provi	93 ides care and	93 treatment fo	# of Beds	0.3	0 rsing care be		93	·	·	·	
Sub Acute / Fransitional Care Fransitional Care provi	93 ides care and	93 treatment fo	# of Beds	0.3	0 rsing care be		93	·	·	·	
Sub Acute / fransitional Care fransitional Care provicute care, provides spanatient Care fotals	93 ides care and pecific therapy	93 treatment for y and activit	# of Beds or patients who require ies to prepare the patie	0.3 inpatient nu	0 rsing care being home.		93 narge from ad	·	·	·	
Sub Acute / fransitional Care fransitional Care provicute care, provides sp patient Care	93 ides care and pecific therapy	93 treatment for y and activit	# of Beds or patients who require ies to prepare the patie	0.3 inpatient nu	0 rsing care being home.		93 narge from ad	·	·	·	

Substance Abuse Non	-Acute Care -	the treatme	nt of substance abuse d	isorders in	an age and security specific setting.
Adult Residential	177	177	# of Reds	0.6	177

Treatment	177	177	# of Beds 0.6	177	177
Adolescent					
Residential	43	43	# of Beds 0.2	43	43
Treatment					
Substance Abuse	7	7	# of Beds 1.2	7	7
Transitional Care	'		# Of Deus 1.2		
Substance Abuse					
Non-Acute Care	227	227	2.0	227	227
Totals					

Elder Care

Elderly Care Program	orovides phy	/sical, psycho	logical, social, and spiri	tual care fo	r healthy and dying seniors in an environment out	side of a hospital.	
Nursing Home	2	2	# of Beds	2.0	2	2	
Assisted Living	2	2	# of Beds	3.0	2	2	
Hospice	0	0	# of Beds	0.0	0	0	
Elder Care Totals	5	5		5.0	5	5	

Ancillary Services

Crossover % -0.0% Pharmacy

Laboratory

Clinical Pathology operates the clinical laboratories and conducts studies, investigations, analyses, and examinations, including diagnostic and routine tests and systems. Additional activities may include, but are not limited to, transportation of specimens from the nursing floors and surgical suites and preparation of samples for testing. The Clinical Lab includes Chemistry, Urinalysis, Hematology, Serology, Immunology and Coagulation.

Clinical Lab	3,916	3,916	Techs @ Peak	0.0	3,916	SAC (waive test only)
Microbiology	479	479	Techs @ Peak	0.0	479	
Blood Bank	104	104	Techs @ Peak	0.0	104	
Anatomical	13	13	Techs @ Peak	0.0	13	

Anatomical Pathology conducts the histopathology and cytopathology laboratories; directs studies, examinations, and evaluations including diagnostic and routine procedures; provides referrals and consultations; performs post-mortem examinations; and operates the morgue.

			· · · · · · · · · · · · · · · · · · ·				•		
Lab Totals	4,511	4,511	Techs @ Peak	0.0	0	0	4,511	0	0
Pharmacy	25,365	31,176	Pharmacists	0.0			31,176		SAC (part-time)
Acute Dialysis	3	3	Rooms	0.0	·		3		

Acute Dialysis Services provides purification of the patient's blood, removing excess water and toxins, at the bedside while the patient is hospitalized. Specialty trained personnel, supervised by a nephrologist, rotate through the hospital caring for and providing this service to admitted patients requiring dialysis.

MACT Health Board, Inc. - Tuolumne



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referrals Thresh		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Diagnostic Imaging										
	_		ogic services to inpatier and fluorographs; direc	•				•	_	_
Radiographic	408	408	Rooms	0.1			408			
Ultrasound		70	Rooms	0.0	-		70			
Mammography	/ 164	164	Rooms	0.0			164			
Fluoroscopy	/ 28	28	Rooms	0.0			28			
СТ	28	28	Rooms	0.0			28			
MR	l 18	18	Rooms	0.0			18			
Diagnostic Imaging Totals	7.10	716	Radiologist	0.1			716			
Nuclear Medicine	44	44	Rooms	0.0			44			
consulting with patient Rad. Oncology Chemotherapy	ts and attendin 0 0		ng whole blood counting s, and maintaining radi Rooms Patient Spaces						a-emitting r	adio nuclides
Rehabilitation Servi			and uses special knowle							
Consultation, counseling Occupational Therapy Physical Therapy	ng, teaching, a r, and Speech / 348	dministration Therapy. 348	nired or threatened by don, research, and comm	ounity service 0.2	-	•	sists of thre	· ·		_
Occupationa		99	Therapy FTE	0.1			99			
Speech Therapy		50	Therapy FTE	0.0			50			
Rehab Tota	1 497	497	Therapy FTE	0.3			497			
Respiratory Therapy	4,554	4,554	Therapy FTE	0.1			4,554			
forms of rehabilitative service also tests and blood.	therapy includ	ing initiating	oxygen, humidification, g, monitoring, and evalu illity to exchange oxyge	ıating patier	nt performanc	e and reactions	to therapy a	nd performing	blood gas	analysis. Th
Cardiac Catheterization Cases	8	8	Rooms	0.0			8			
The Cardiac Catheteri heart and circulatory s	system. Other	activities in	ncluding the operations clude explaining test pr ting, testing, calibrating # FTE	ocedures to	patients; per	forming invasive	-	-	ers and oth	
Home Health Care is p	provided to ina	lividuals and	d families in their places sability and illness, inclu	s of residen	•	, maintain, or re	store health	or to maximize		
Surgery										
		nesthesiolo	gy, Pre & Post Recover	y, and the p	rovision of in	vasive procedur	es requiring	the sterility of	an Operati	ng Room or
Minor Procedure										
Endoscopy	/ 19	19	Endo Suites	0.0	-		19			
Outpatient Surgery		. •	30 0400							
Cardiovascula		1	Outpatient ORs	0.0	-		1			
Digestive		19	Outpatient ORs	0.0			19			
Endocrine		0	Outpatient ORs	0.0			0			
ENT		7	Outpatient ORs	0.0			7			
Gynecology		6	Outpatient ORs	0.0			6			
Hemic / Lymphatic		0	Outpatient ORs	0.0			0			
Integumen		7	Outpatient ORs	0.0			7			
Musculoskeleta		11	Outpatient ORs	0.0			11			
เหนอบนเบอกซเซโส			Carpation ONS	0.0			1.1			



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need				Delivery	Options		
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA			ls due to shold	
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remark
Nervous	3	3	Outpatient ORs	0.0	-		3			
Ocular		8	Outpatient ORs	0.0			8			
Respiratory		1	Outpatient ORs	0.0			1			
Urogenital	5	5	Outpatient ORs	0.0			5			
OP Surgical Case	68	68	Outpatient ORs	0.0			68			
npatient Surgery	17	17	Inpatient ORs	0.0			17			
Surgical Case	85	85		0.0			103			
dministrative										
Support										
Administration			# of FTE	2.5	2.5					SA
		•	ervises all professional				•		_	
o the facility; determine esponsible for the care		-	elated to available medi	cal services	otticers, sup	port staff, and f	acilities; imp	lements direc	ted program:	s; is
<u> </u>		and Wellare	# of FTE	0.0	0.0					in Adn
lursing Administrat		facility ho	# OI FIE th inpatient and outpati		_	hiring and cont	inuad aduca	tion of the nu	reing and me	
lanages nursing quali			ит працет апо оправ	ен. Кезрог	isible for the	riiring and conti	nueu euuca	uon or the na	ising and me	dicai aid s
Quality Managemer	nt		# of FTE	0.0	0.0					in Adm
		professiona	al staff, performance im			the facility and p	patient care i	utilization revi	iew.	III Adii
nformation Manage		at near idea	# of FTE	1.0	1.0	assation tesimin	a maintana		lanmant of th	Si
-	•	•	the responsibility for marking resources allocate				-	ice and deve	iopment or tr	ie
lealth Information N			# of FTE	4.2	4.2					SA
			for assembling, collecti		ng, analyzing	g, ensuring avai	lability, and	safekeeping o	of patient rec	
· · · · · · · · · · · · · · · · · · ·	to facilitate, ev	valuate, and	d improve patient care.							
Business Office			# of FTE	2.0	2.0					
Business Office Business Office implen	nents adminis	trative proc	# of FTE redures to maximize ne	t recovery of	healthcare o					ts that hav
Business Office Business Office implen ther health insurance;	nents adminis ; reviews all a	trative proc	# of FTE redures to maximize ne accounts receivable man	t recovery of agement, co	healthcare o	third-party paye				ts that hav
Business Office Business Office implen ther health insurance, ayers; follows up to el	nents adminis ; reviews all a	trative proc	# of FTE redures to maximize nea ccounts receivable man e made; and documents	t recovery of agement, co	healthcare o	third-party paye				ts that hav hird-party
Business Office Business Office implen ther health insurance, ayers; follows up to el Contract Health	nents adminis ; reviews all a nsure that col	trative proc spects of ac lections are	# of FTE redures to maximize ne accounts receivable man	t recovery of agement, co and reports	healthcare of the healthcare o	third-party paye ctivities.	r requireme	nts; submits a	all claims to ti	ts that hav hird-party SA
Business Office Business Office implen other health insurance, wayers; follows up to en Contract Health Contract Health Service	nents adminis reviews all a nsure that col e Program co	trative proc spects of ac lections are ordinates a	# of FTE redures to maximize nea ccounts receivable man made; and documents # of FTE	t recovery of ragement, contains and reports 1.2 hat is not av	healthcare of properties with a collection action a	third-party paye ctivities. facility. This is	r requirement	nts; submits a	all claims to to	ts that hav hird-party SA ntract Heal
Business Office Business Office implen other health insurance, wayers; follows up to en Contract Health Contract Health Service	nents adminis reviews all a nsure that col e Program co	trative proc spects of ac lections are ordinates a	# of FTE redures to maximize ne- ccounts receivable man made; and documents # of FTE ccess to medical care t	t recovery of ragement, contains and reports 1.2 hat is not av	healthcare of properties with a collection action a	third-party paye ctivities. facility. This is	r requirement	nts; submits a	all claims to to	ts that hav hird-party SA ntract Heal
Business Office Business Office implen ther health insurance; ayers; follows up to en Contract Health Contract Health Service Care, identifying other	nents adminis reviews all a nsure that col e Program co	trative proc spects of ac lections are ordinates a	# of FTE redures to maximize ne- ccounts receivable man made; and documents # of FTE ccess to medical care t	t recovery of ragement, contains and reports 1.2 hat is not av	healthcare of properties with a collection action a	third-party paye ctivities. facility. This is	r requirement	nts; submits a	all claims to to	ts that hav hird-party SA ntract Heal
Business Office Business Office implenting the health insurance; Business Office implenting the health insurance; Business Office implenting the health Service Contract Health Service Care, identifying other facility Support	nents adminis reviews all a nsure that col e Program co	trative proc spects of ac lections are ordinates a	# of FTE redures to maximize ne- ccounts receivable man made; and documents # of FTE ccess to medical care t	t recovery of ragement, contains and reports 1.2 hat is not av	healthcare of properties with a collection action a	third-party paye ctivities. facility. This is	r requirement	nts; submits a	all claims to to	ts that hav hird-party SA ntract Heal
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Business Office Business Office implenting the health insurance; Business Office implenting the health insurance; Business Office implenting the health Service indentifying other implementation of the health Services Clinical Engineering professional Engineering professions of the surface indentifying the health Services Clinical Engineering professional Engineering pr	ments adminis reviews all a nsure that col. e Program co alternate resc	trative proc spects of a lections are ordinates a burces, esta	# of FTE redures to maximize ne- coounts receivable man made; and documents # of FTE ccess to medical care to ablishing medical prioriti # of FTE renance, inspection, and	t recovery of agement, co and reports 1.2 hat is not avices and havin 0.5 repair of me	healthcare of pmplies with collection accurate the col	third-party paye ctivities. facility. This is we working relati	done by de ionship with	nts; submits a termining elig all private pro	all claims to to	ts that have the third-party SA and st the third state of the third s
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Business Office Business Office implenther health insurance, ayers; follows up to expense the contract Health Services are, identifying other services Clinical Engineering profetermine operational sequipment; repairs or and tests contractor-instactify Management	ments adminis reviews all a- nsure that col. e Program co alternate resc ovides prever status, and as eplaces worn stalled equipn	trative proc spects of a lections are ordinates a burces, esta ntive mainte ssigns servi or broken p nent; disass	# of FTE redures to maximize ne- cocounts receivable man- e made; and documents # of FTE ccess to medical prioriti # of FTE enance, inspection, and ceability condition code parts; rebuilds and fabri sembles, packs, receive	t recovery of agement, con and reports 1.2 hat is not avec and havin 0.5 repair of ments to equipment at the second inspectors, and inspectors.	nealthcare of complies with a collection accurate the	third-party paye ctivities. facility. This is we working relate the payer of the payer antal equipment; is scheduled pre- ponents; modifie	er requirement done by de ionship with conducts a ventive mair es equipmen	nts; submits a termining elig all private pro systematic in tenance of m trand installs	ill claims to to iibility for Con viders, patie spection of e nedical and d new equipm	st that have the that that that that the the the the the the the the the th
Business Office Business Office implenting ther health insurance; Business Office implenting ther health insurance; Business Office implenting action tract Health Services Contract Health Services Clinical Engineering produced in the services Clinical Engineering produced in the service or repairs or result to the services Clinical Engineering produced in the services Clinical Engineerin	ments adminis reviews all a- nsure that col. e Program co alternate resc ovides prever status, and as eplaces worn stalled equipn	trative proc spects of a lections are ordinates a burces, esta ntive mainte ssigns servi or broken p nent; disass	# of FTE redures to maximize ner cocounts receivable man made; and documents # of FTE ccess to medical care trablishing medical prioriti # of FTE mance, inspection, and ceability condition code coarts; rebuilds and fabri sembles, packs, receive # of FTE	t recovery of agement, con and reports 1.2 hat is not avec and havin 0.5 repair of ments to equipment at the second inspectors, and inspectors.	nealthcare of complies with a collection accurate the	third-party paye ctivities. facility. This is we working relate the payer of the payer antal equipment; is scheduled pre- ponents; modifie	er requirement done by de ionship with conducts a ventive mair es equipmen	nts; submits a termining elig all private pro systematic in tenance of m trand installs	ill claims to to iibility for Con viders, patie spection of e nedical and d new equipm	st that have hird-party SAntract Heal nts, and step squipment dental ent; inspect
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Business Office Business Office implention ther health insurance; Business Office implention ther health insurance; Business Office implention there health insurance; Business Office implention the contract Health Services Business Office Implementation of the maintenance of a light Services Business Office Implementation of the maintenance of a light Services Business Office Implementation of the maintenance of a light Services Business Office Implementation of the maintenance of	ments adminis reviews all a- nsure that col e Program co alternate resc ovides prever status, and as eplaces worn stalled equipm nt health sites fa assembly, ste ance, prepara s with patients	ordinates a surces, esta a surces, e	# of FTE redures to maximize ner cocounts receivable man made; and documents # of FTE ccess to medical care trablishing medical prioriti # of FTE mance, inspection, and ceability condition code parts; rebuilds and fabricembles, packs, receive # of FTE dding systems and groun # of FTE and distribution of reusab # of FTE grand distribution of me	nate recovery of agement, contained and reports 1.2 That is not averaged and having the second and having the second and inspection of the second and inspectio	0.5 dical and deent; performs ment or compricts equipme 0.0 0.0 tation. Also reported to the control of the	third-party payer third-party payer trivities. If acility. This is the working relation of the working relation of the working relation of the working relation of the working responsible for the working and staff. No example to support the working and staff. No example the working and staff. No example the working and staff.	conducts a ventive mair es equipments audio and the distributional over the mission.	termining eligall private prossesses eligate prosses eligate prossesses eligate prosses eligate prossesses eligate prossesses eligate prossesses eligate prosses eligate prossesses eligate prosses eligate prossesses eligate prossesses eligate	ill claims to the claim of	st that have hird-party Shatract Heal nts, and st state

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managing the installation medical war readiness material program.



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referral Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Housekeeping & Lir	nen		# of FTE	1.0	1.0					SAG
			lity for maintaining the l p, sorting, issuing, dist							
			education programs win							
Public Health Nursi	ng		# of FTE	3.2	3.2					SAC
Public Health Nutriti			# of FTE	0.7	0.7					SAC
Environmental Heal	th		# of FTE	0.7	0.7					
Health Education			# of FTE	0.0	0.0					
Additional Services										
Case Management			# of FTE	0.0	0.0					ncl. in PHN
Case Management pro	ovides profess	sional staff c	ledicated to insuring a	continuum o	f care and fo	llow up for chror	nically ill or po	otentially chro	onically ill pa	tients.
CHR			# of FTE	0.0	1.0					
	resentatives i	nform comn	nunity members about		-	make referrals	to appropriat	te agencies, a	and assist P	HN staff wit
, ,			health promotion activi					,,,,,		
Diabetes Program			# of FTE	0.0	0.0					
	provides for	the diabetic	patient's education and			the prospective	diabetic pati	ent with prev	entive educa	ation and
clinical screening. The	program is s	upported cl	inically with pre-renal e	xaminations	and Podiatry	/ care.				
Senior Citizen Cent	er		# of FTE	0.0	0.0					
Congregate meal, mea	al delivery, co	mpanionshij	o, advisory, exercise, tr	ransport. (3 p	people per ce	enter; Suprv., Co	ok, Driver) (Centers/Staff)	
EMS	132	132	Loc #1 - # of FTE	0.0	0.0		132			
			# of Ambulances	0.0	0.0					
			Loc #2 - # of FTE	0.0	0.0					
			# of Ambulances	0.0	0.0					
			Loc #3 - # of FTE	0.0	0.0					
-marganay Madiaal Co			# of Ambulances by medical services with	0.0	0.0	amilaa uuit Amab	ulanasa ara	availabla tua	ati farm barr	ro o dou
			ey medical services will EMT, IEMT and Param		uaries or a se	ervice unit. Amb	ularices are a	avaliable twei	ny-iour rioui	's a day
Alternative Medicine			# of FTE	0.0	0.0					
		onal and ch	ropractic services to th			educational serv	ices related t	to various hea	alth issues.	It also seek
o alleviate concerns c	ommunity me	mbers may	have regarding unaddi	ressed healt	h issues.					
Fransportation			# of FTE	1.0	1.0					SAG
Transportation Departr			ty residents to health re							expenses
ncurred for automotive	e operation ar	nd maintena	nce and the administra	ntion of garag	ge and dispat	tching activities i	n support of	the medical r	nission.	
Antomoni Child I I an	141-		# -4 FTF	0.0						
Maternal Child Heal		oviet to prov	# of FTE ride basic prenatal and	0.0	0.0	support to Nativ	o Amorican I	mothers The	see services	can include
reastfeeding educatio			aluations for pre and po							
NIC			# of FTE	0.0	0.0					
			tion education, suppler rs of age who meet inc							eeding,
Security			# of FTE	0.0	0.0					
	for the safety	and well be	eing of hospital patients			. It includes phy	sical security	of parking lo	ots, surround	ling grounds
and interiors of the fac	ility									

The California Area Health Services Master Plan MACT Health Board, Inc. - Tuolumne



Delivery Plan - Native American (IHS)

Small Health Clinic SAC

Establishes Projected workload and key characteristics per product line, while recommending a delivery option.

			Projected Need		Delivery Options					
	PSA Direct	+ ESA Direct	Key Characteristics	# Req'd		PSA		Referrals Thres		
Discipline	Care	Care	(KC)	in 2015	On Site	On Site VP	CHS*	Srv Unit	Region	Remarks
Domestic Violence			# of FTE	0.0	0.0					
Family Planning/Dome	estic Violence	promotes N				nefits of family p	lanning and s	supporting suc	ch emphasis	through
			procedures, and pre-n							
domestic violence thro	ugh the provis	sion of shelt	ers/safe houses and/or	referrals to	other Domes	stic Violence ass	sistance serv	ices. Referral	s come thro	ugh other
programs such as WIC	C, PHN, etc.									
Wellness Center			# of FTE	0.0	0.0					
Wellness Center provi	des fitness eq	uipment, tra	aining, coaching and ed	lucation for I	lative Americ	cans of all ages,	acting eithe	r as an indepe	endent servi	ce or in
support or cooperation	with such oth	ner program	s as Elder Care, Diabe	tes, CHRs e	tc.					
Outreach Elder Car	·e		# of FTE	0.0	0.0					
Elder Care provides a		pportive en		outreach p	rogram for th	e community's e	elders. Lunci	h distribution.	social funct	ions. health
education and health b	•	, ,		,	-3					,
HIV/AIDS		<u> </u>	# of FTE	0.0	0.0					
Coordinates all educat	tional services	for nersons				SOS HIV/AIDS	Case manag	ement is also	provided to	those living
with HIV/AIDS.	ional col vices	roi pordone	at mgm non ron oomiat	oung the vira	o wmon odd	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	oudo managi		provided to	anoco avang
Injury Prevention			# of FTE	0.0	0.0					
Reduce injury morbidit	ty and mortalit	ty among Na	ative Americans.							
Tribal Health Admir	nistration		# of FTE	0.0	0.0					
Tribal Health Administ	ration Departn	nent overse	es and ensures quality	health servi	ces for service	ce unit residents	s, while encou	uraging more	self-reliance	and
personal control over t	heir health an	d quality of	life.					. .		
Tobacco			# of FTE	0.0	0.0					
	nd cessation s	ervices foci	us primarily on reducing			and possession	as well as red	ducina exposi	ure to secon	d hand
smoke. It also encour				<i>.</i>	•					
Bio-Terrorism			# of FTF	0.0	0.0					
	am is respons	sible for coo	# O <u>_</u>			activities includ	ina emeraina	infectious dis	seases heal	thcare
The bioterrorism program is responsible for coordination and planning of emergency response activities, including emerging infectious diseases, healthcare security systems and associated policy development for the Service Area.										
		,								
T-1-1 0045 N- D		. 04-44 5-		00.0	00.0	B			01-11	0.4.0
Total 2015 Non-De	eviated RRN	/I Staff FT	ES	29.9	32.6	Required IHS	Supporta	able Space	Staff	SAC
										111111

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Health Care				Contract Health Care			
Discipline	Planned Projected Provider Visits	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected Provider Visits	Cost / Unit	Total CH Dollars	
Primary Care	Only					Only			
Family Practice	3,974	Providers	1.1	2.2	200%	0	\$64	\$0	
	Visiting Provid	ders to outlying areas.							
		Provider Offices	2.0	2.0	100%				
- IAA P. 1		Exam Rooms	4.0	7.0	175%	0	004	Φ0	
Internal Medicine	0	Providers ders to outlying areas.	0.0		100%	0	\$64	\$0	
	visiting i fovic	Inpatient Physician	0.0		100%				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Pediatric	0	Providers	0.0		100%	0	\$50	\$0	
	Visiting Provid	ders to outlying areas.							
		Inpatient Physician	0.0		100%				
		Provider Offices	0.0		100%				
Oh/Cym	0	Exam Rooms Providers	0.0		100%	0	\$110	\$0	
Ob/Gyn	_	ders to outlying areas.	0.0		100%	U	\$110	φυ	
	Visiting i Tovic	Inpatient Physician	0.0		100%				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Urgent Care Clinic	0	Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
Drimery Core Total	3,974	Exam Rooms Providers	0.0	2.2	100%	0		\$0	
Primary Care Total	3,974	Providers Provider Offices	2.0	2.2	200% 100%	0		ΦU	
	Nursing Sur	port (RN+LPN+CNA)		2.8	138%				
		atory Care Nutritionist		0	100%				
		Exam Rooms	4.0	7.0	175%				
		Dept. Gross Sq. Mtrs	233.2	293.0	126%				
Emergency Care	0	ER Providers	0.0		100%	447	\$261	\$116,550	
Lineigency Gare	_	ng Support (RN+LPN)	0.0		100%	447	φ201	ψ110,550	
	rvaron	Patient Spaces	0.0		100%				
		Dept. Gross Sq. Mtrs			100%				
Specialty Care	Provider Visits Only	·				Provider Visits Only			
Orthopedics	0	Providers	0.0		100%	189	\$134	\$25,246	
Orthopedics	_	ders to outlying areas.	0.0		100 /0	103	ψ134	Ψ20,240	
	1.59	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Ophthalmology	0	Providers	0.0		100%	147	\$136	\$20,049	
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
Dame atalam.		Exam Rooms	0.0		100%	4.47	<u></u>	¢10.664	
Dermatology	0 Visiting Provid	Providers ders to outlying areas.	0.0		100%	147	\$73	\$10,664	
	VISITING FIOVIC	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
General Surgery	0	Providers	0.0		100%	147	\$163	\$23,962	
.	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Otolaryngology	0	Providers	0.0		100%	88	\$86	\$7,506	
	visiting Provid	ders to outlying areas. Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
		LAGIII INOUIIIS	0.0		100 /0				

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Cardiology	0	Providers	0.0		100%	49	\$126	\$6,163	
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%		A 400	00.744	
Urology	0	Providers	0.0		100%	53	\$163	\$8,714	
	visiting Provid	ders to outlying areas. Provider Offices	0.0		100%				
		Exam Rooms	0.0 0.0		100%				
Neurology	0	Providers	0.0		100%	40	\$133	\$5,330	
Neurology	-	ders to outlying areas.	0.0		100 /6	40	φισσ	φ5,550	
	violing i Tovic	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Other Other and Ities		Exam recomo	0.0		10070	000	# 00	#00.040	
Other Subspecialties						236	\$96	\$22,612	
Nephrology	0	Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Allergy		Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.							
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Pulmonology	\". ". D .	Providers	0.0		100%				
	Visiting Provid	ders to outlying areas.	0.0						
		Provider Offices	0.0		100%				
0		Exam Rooms	0.0		100%				
Gerontology	Visitina Dassiis	Providers	0.0		100%				
	visiting Provid	ders to outlying areas.	0.0		4000/				
		Provider Offices	0.0		100% 100%				
Contractoralegy		Exam Rooms Providers	0.0						
Gastroenterology	Viciting Provid	ders to outlying areas.	0.0		100%				
	VISITING FIOVIC	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Rheumatology		Providers	0.0		100%				
rtricumatology	Visiting Provid	ders to outlying areas.	0.0		10070				
	visiting i Tovic	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Oncology		Providers	0.0		100%				
G. i.e. i.e. gy	Visitina Provid	ders to outlying areas.	0.0		10070				
	3	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Pediatric-Specialist		Providers	0.0		100%				
·	Visiting Provid	ders to outlying areas.							
	•	Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Traditional Healing		Providers	0.0		100%				
		Provider Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Podiatry Visits	0	Podiatrists	0.0		100%	228	\$0	\$0	
	Visiting Provid	ders to outlying areas.							
		Podiatry Offices	0.0		100%				
		Exam Rooms	0.0		100%				
Specialty Care Sub-Total	0	Exam Rooms	0.0	0.0	100%	1,324		\$130,246	
		Provider Offices	0.0	0.0	100%				
	Nursing Sup	port (RN+LPN+CNA)	0.0		100%				
		Dept. Gross Sq. Mtrs	0.0		100%				
Total In-House Providers	3,974	Providers	1.1	2.2	200%				
	0,011				_00,0				

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Visiting Professional Clinic	334	Exam	0.0		100%			SAC
Services Include: Optometr	у	Provider Offices Dept. Gross Sq. Mtrs	0.0		100% 100%			
Other Ambulatory Care	<u> </u>	Dept. Gloss Sq. Mils	0.0		100 /8			
Services								
Dental Service Minutes	116,364	Dentists	1.9	2.0	105%	0	\$0	\$0
	Maida a Daari	Visiting Specialists	0.1	0.1	100%			
	Visiting Provid	ders to outlying areas. Hygienists	0.5		0%			
		Dental Chair	4.0	4.0	100%			
		Specialist Chair	0.0	4.0	100%			
		Dept. Gross Sq. Mtrs		123.8	56%			
Optometry Visits	0	Optometrist	0.2		0%	334	\$204	\$68,203
	Visiting Provide	ders to outlying areas.						
		Provider Offices	0.0		100%			
		Eye Lanes	0.0		100%			
		Dept. Gross Sq. Mtrs			100%	Space in PC		
Dialysis Patients	0	Dialysis Stations	0.0		100%	0	\$328	\$0
A 12 - 1 \ \ \ \ \ \ \ \ \ \ \ \ \	0	Dept. Gross Sq. Mtrs			100%	400	ΦO	ΦO
Audiology Visits	0	Audiologists ders to outlying areas.	0.0		100%	169	\$0	\$0
	Visiting Provid	Audiologist Offices	0.0		100%			
		Audiologist Offices Audiology Booths	0.0		100%			
		Dept. Gross Sq. Mtrs			100%			
		Dopti Grood Gq. Millo	0.0		10070			
Behavioral Health								
Mental Health		Counselors	1.1	1.7	150%			
Psychiatry		Counselors	0.0		100%			
Social Service		Counselors	0.5		0%			
Alcohol & Substance Abuse Behavioral Health Total		Counselors Total Counselors	1.6	1.7	100% 103%	101	\$0	\$0
	Visiting Provid	ders to outlying areas.	1.0	1.7	103%	101	φυ	φυ
	Visiting 1 Tovic	Counselor Offices	2.0	3.0	150%			
		Dept. Gross Sq. Mtrs		99.5	137%	72.8 Base S	SAC Alloca	tion
					10170			
Inpatient Care							.	*
Births	0	LDRPs	0.0		100%	20	\$1,983	\$39,812
Obstatuis Dations Davis	0	Dept. Gross Sq. Mtrs			100%	27		
Obstetric Patient Days	0	Post Partum beds	0.0		100%	37		
Neonatology Patient Days	0	Dept. Gross Sq. Mtrs # of Bassinets	0.0		100% 100%	54	\$562	\$30,261
Neonatology Fatterit Days	O	Dept. Gross Sq. Mtrs			100%	5 4	ψ502	ψ50,201
Pediatric Patient Days	0	# of Beds	0.0		100%	27	\$562	\$15,013
		Dept. Gross Sq. Mtrs			100%		,	, -,9
Adult Medical Acute Care	0	# of Beds	0.0		100%	190	\$1,918	\$364,623
		Dept. Gross Sq. Mtrs			100%			
Adult Surgical Acute Care	0	# of Beds	0.0		100%	135	\$1,918	\$259,638
		Dept. Gross Sq. Mtrs			100%			
		# of Beds	0.0		100%	42	\$1,918	\$80,157
Intensive Care Patient Days	0	D + 6	α		100%			
<u> </u>		Dept. Gross Sq. Mtrs			4000/	00	ሲ ጋር ር	ተማ በርሰ
Intensive Care Patient Days Psychiatric Patient Days	0	# of Beds	0.0		100%	22	\$356	\$7,856
Psychiatric Patient Days	0	# of Beds Dept. Gross Sq. Mtrs	0.0 0.0		100%			
<u> </u>		# of Beds Dept. Gross Sq. Mtrs # of Beds	0.0 0.0 0.0		100% 100%	22	\$356 \$356	\$7,856 \$1,271
Psychiatric Patient Days Medical Detox Patient Days	0	# of Beds Dept. Gross Sq. Mtrs # of Beds Dept. Gross Sq. Mtrs	0.0 0.0 0.0 0.0		100% 100% 100%			
Psychiatric Patient Days	0	# of Beds Dept. Gross Sq. Mtrs # of Beds Dept. Gross Sq. Mtrs # of Beds	0.0 0.0 0.0 0.0 0.0		100% 100% 100% 100%			
Psychiatric Patient Days Medical Detox Patient Days	0	# of Beds Dept. Gross Sq. Mtrs # of Beds Dept. Gross Sq. Mtrs	0.0 0.0 0.0 0.0 0.0	0	100% 100% 100%			

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MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

	Direct Health Care					Contract Health Care			
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars	
Ancillary Services									
Laboratory Services									
Clinical Lab	0	Tech staff @ peak	0.0		100%				
Microbiology Lab	0	Tech staff @ peak	0.0		100%				
Blood Bank	0	Tech staff @ peak	0.0		100%				
Anatomical Pathology	0	Tech staff @ peak	0.0		100%				
Lab Total	0	Tech staff @ peak Dept. Gross Sq. Mtrs	0.0	0.0	100% 100%	4,511	\$192	\$867,663	
Pharmacy	0	Pharmacists Dept. Gross Sq. Mtrs	0.0 57.1	7.0	100% 12%	31,176 space allocate	nd - service	\$0	
Acute Dialysis	0	Rooms	0.0	7.0	100%	space anocate	50 - 361 VICE (on-site	
	-	Dept. Gross Sq. Mtrs	0.0		100%				
Diagnostic Imaging	0	D	0.0		4000/	400	0000	#04.000	
Radiographic exams	0	Rooms	0.0		100%	408	\$232	\$94,602	
Ultrasound Exams	0	Rooms Rooms	0.0		100% 100%	70 164	\$302 \$136	\$21,006 \$22,304	
Mammography Exams Fluoroscopy Exams	0	Rooms	0.0		100%	28	\$136 \$56	\$1,596	
CT	0	Rooms	0.0		100%	28	\$736	\$20,501	
MRI exams	0	Rooms	0.0		100%	18	\$1,314	\$23,977	
Diagnostic Imaging Total	0	Radiologists	0.0		100%	716	Ψ1,01-	\$183,986	
		Dept. Gross Sq. Mtrs	0.0		100%				
Nuclear Medicine	0	Rooms	0.0		100%	44	\$723	\$31,503	
		Dept. Gross Sq. Mtrs	0.0		100%				
Radiation Oncology	0	Rooms	0.0		100%				
Chamatharany	0	Dept. Gross Sq. Mtrs	0.0		100%	0	\$1,192	\$0	
Chemotherapy	U	Patient Spaces Dept. Gross Sq. Mtrs	0.0		100% 100%	U	\$1,192	φU	
Rehabilitation Services		Dept. Gloss Sq. Milis	0.0		100 /6				
PT Visits	0	Therapy FTE	0.0		100%				
OT Visits	0	Therapy FTE	0.0		100%				
Speech Therapy Visits	0	Therapy FTE	0.0		100%				
Rehab Total	0	Therapy FTE	0.0	0.0	100%	497	\$74	\$36,566	
		Dept. Gross Sq. Mtrs	0.0		100%			, , , , , , , , , , , , , , , , , , ,	
RT Workload Minutes	0	Therapy FTE	0.0		100%	4,554		\$0	
		Dept. Gross Sq. Mtrs	0.0		100%				
Cardiac Catheterization	0	Rooms	0.0		100%	8	\$3,378	\$26,098	
Surgery		Dept. Gross Sq. Mtrs	0.0		100%				
Outpatient Endoscopy Cases	0	Endoscopy Suites	0.0		100%	19	\$1,495	\$28,027	
Outpatient Surgery Cases	0	Outpatient ORs	0.0		100%	68	\$1,495	\$112,073	
Inpatient Surgical Cases	0	Inpatient ORs	0.0		100%	17	ψ1,001	\$0	
mpationt Sargisar Sasse	· ·	# of Pre-Op Spaces	0.0		100%			40	
		# of PACU Spaces	0.0		100%				
		# of Phase II Spaces	0.0		100%				
Surgical Case Total	0	# of ORs	0.0	0.0	100%	103		\$140,099	
		Dept. Gross Sq. Mtrs	0.0		100%				
Administrative Support									
Administration		# of FTE	2.5	10.1	404%	-			
		Dept. Gross Sq. Mtrs	83.2	215.1	259%				
Nursing Administration		# of FTE	0.0		100%				
. <u></u> .		Dept. Gross Sq. Mtrs	0.0		100%				
Quality Management		# of FTE	0.0	1.0	100%				
		Dept. Gross Sq. Mtrs	0.0	8.8	100%				
Information Management		# of FTE	1.0	2.0	200%				
		Dept. Gross Sq. Mtrs	32.4	31.4	97%				
Health Information Mngmt.		# of FTE	4.2	1.0	24%				
		Dept. Gross Sq. Mtrs	50.0	40.4	81%				

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic

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	Direct He	Contract Health Care					
Discipline	Planned Key Characteristics Projected (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Business Office	# of FTE	2.0	13.3	663%	Trojected	Onit	Dollars
Busilless Office	Dept. Gross Sq. Mtr		100.0	183%			
Contract Health	# of FTE	1.2	2.0	167%			
Sontiact Flediti	Dept. Gross Sq. Mtr		27.7	100%			
Facility Support Services							
Clinical Engineering	# of FTE	0.5		0%	-		
Similar Engineering	Dept. Gross Sq. Mtrs			100%			
Facility Management	# of FTE	0.5	1.0	200%			
,	Dept. Gross Sq. Mtrs	0.0	12.1	100%			
Central Sterile	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtrs	0.0		100%			
Dietary	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtrs	0.0		100%			
Property & Supply	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtrs		8.7	17%			
Housekeeping & Linen	# of FTE	1.0		0%			
	Dept. Gross Sq. Mtrs	16.1		0%	-		
Preventive Care							
Public Health Nursing	# of FTE	3.2		0%			
-	Visiting Providers to outlying areas						
	Dept. Gross Sq. Mtrs	54.6		0%			
Public Health Nutrition	# of FTE	0.7		0%			
	Visiting Providers to outlying areas						
	Dept. Gross Sq. Mtrs			0%			
Environmental Health	# of FTE	0.7		0%	Provided by CA		
	Dept. Gross Sq. Mtrs			0%	Mariposa, Jacks	on, Sonora, &	West Point
Health Education	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtrs			100%			
Case Management	# of FTE	0.0		100%			
	Visiting Providers to outlying areas			4000/			
OLID.	Dept. Gross Sq. Mtrs		4.0	100%			
CHR	# of FTE	1.0	1.0	100%			
Sigh atom Dungungung	Dept. Gross Sq. Mtrs # of FTE			0%			
Diabetes Program		0.0		100%			
HIV/AIDS	Dept. Gross Sq. Mtrs # of FTE	0.0		100%			
1IV/AIDS				100%			
obacco	Dept. Gross Sq. Mtrs # of FTE	0.0		100% 100%			
UDAUU	# 01 F1E Dept. Gross Sq. Mtrs			100%			
VIC		0.0		100%			
110	Dept. Gross Sq. Mtr			100%			
Wellness Center	# of FTE	0.0		100%			
Voliness Scritci	Dept. Gross Sq. Mtr			100%			
Additional Services - IHS Su	unported						
ransportation	# of FTE	1.0		0%	0	\$161	\$0
Tanoportation	Dept. Gross Sq. Mtr			100%	U	ψισι	ΨΟ
Domestic Violence	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtr			100%			
EMS	# of FTE	0.0		100%	132	\$642	\$84,495
	# of Ambulances	0.0		100%	.02	Ψ0 1 <u>=</u>	Ţ = ., O
	Dept. Gross Sq. Mtrs			100%			
Maternal Child Health	# of FTE	0.0		100%			
	Dept. Gross Sq. Mtrs			100%			
Tribal Health Administration	# of FTE	0.0		100%			
	Dont Gross Sa Mtr			100%			

0.0

100%

Dept. Gross Sq. Mtrs

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SA

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

. ,		Direct He	alth Care			Cont	act Healt	h Care
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need	Planned Projected	Cost / Unit	Total CH Dollars
Alternative Medicine		# of FTE	0.0		100%			
D'- T		Dept. Gross Sq. Mtrs			100%			
Bio-Terrorism		# of FTE Dept. Gross Sq. Mtrs	0.0		100% 100%			
Injury Prevention		# of FTE	0.0		100%			
injury i revention		Bldg. Gross Sq. Mtrs.			100%			
Security		# of FTE	0.0		100%			
		Dept. Gross Sq. Mtrs	0.0		100%			
Total 2015 Non-Deviated RRM Positions	vs Existing	Recurring IHS	29.9	6.2	21%			SAC
IHS Supportable Space Staff R	Required vs.	Existing	32.6	42.0	129%			
IHS Supportable Space - Build	ling Gross S	quare Meters	1,367	967	71%	Leased		
Substance Abuse Non- Acute Care								
Adult Residential Treatment	0	# of Beds Dept. Gross Sq. Mtrs	0.0		100% 100%			
Adolescent Residential	0	# of Beds	0.0		100%			
Treatment		Dept. Gross Sq. Mtrs	0.0		100%			
Substance Abuse Transitional	0	# of Beds	0.0		100%			
Care		Dept. Gross Sq. Mtrs	0.0		100%			
Total SANAC - Building Gro	ss Square M	eters	0	0	100%			
Additional Services - Non-IHS	Supported							
Elder Care								
Nursing Home	0	# of patient beds	0.0		100%			
		Bldg. Gross Sq. Mtrs.			100%			
Assisted Living	0	# of patient beds	0.0		100%			
Hanina	0	Bldg. Gross Sq. Mtrs.			100%			
Hospice	0	# of patient beds Bldg. Gross Sq. Mtrs.	0.0 0.0		100% 100%			
Senior Citizen Center		# of FTE	0.0		100%			
School Suzeri School		Bldg. Gross Sq. Mtrs.			100%			
Outreach Elder Care		# of FTE	0.0		100%			
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Home Health Care	0	# of Home Health Care FTE	0.0		100%	0	\$0	\$0
		Bldg. Gross Sq. Mtrs.	0.0		100%			
Elder Care Total	0	# of patient beds	0	0	100%			
		Bldg. Gross Sq. Mtrs.	. 0	0	100%			
Total Elder Care - Building C	3ross Square	e Meters	0	0	100%			

MACT Health Board, Inc. - Tuolumne



Resource Allocation - Native American (IHS)

Small Health Clinic SAC

Compares # of Key Characteristics (KC) required in 2015 to the Existing Key Characteristics. Existing data was collected from the site visit questionnaires. Also projects necessary Contract Health \$ by Service Line as determined in the Delivery Plan.

		Direct Hea	alth Care		
Discipline	Planned Projected	Key Characteristics (KC)	# Req'd in 2015	Exist KC (From Quest.)	% of Need
Miscellaneous Services					
		# of FTE	0.0		100%
		Bldg. Gross Sq. Mtrs.	0.0		100%
		# of FTE	0.0		100%
		Dept. Gross Sq. Mtrs	0.0		100%
		# of FTE	0.0		100%
		Dept. Gross Sq. Mtrs	0.0		100%
		# of FTE	0.0		100%
		Bldg. Gross Sq. Mtrs.	0.0		100%
Miscellaneous Services Bui	Iding Gross §	Square Mtrs	0	0	100%
Grand Total - Total Building	Gross Squai	re Meters	1,367	967	71%

Contract Health Care		
Planned	Cost /	Total CH
Projected	Unit	Dollars

Contract Health	\$2,484,042
Dollars Sub-Total	
Other Expenditures -	\$968,776
Contract Health	
Inflation Adjusted	\$4,626,776
CHS \$ - Total	\$4,020,770